



Your Personal Details

Full Name	<input type="text"/>		
Student Number	<input type="text"/>	National ID card Number	<input type="text"/>
Contact Number	<input type="text"/>	Email ID	<input type="text"/>

Medical report (to be filled by the medical practitioner)

Date(s) of relevant medical examination(s)

Nature of illness

Medical Opinion

In my opinion, the student will be incapacitated to take part in any activity during the period

From	<input type="text"/>	Stamp
To	<input type="text"/>	

I declare that all the information given here is true to the best of my knowledge

Full Name	<input type="text"/>
Address	<input type="text"/>
Phone	<input type="text"/>
Date	<input type="text"/>
Signature	<input type="text"/>

Examination for Deferment /Special Consideration (to be filled by the student)

Course Name	<input type="text"/>	Batch Number	<input type="text"/>
Faculty	<input type="text"/>	Campus	<input type="text"/>
Examination(s) for deferment on the basis of medical report			For Office Use
Subject Code	Subject	Scheduled Date	Deferment Approved
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Student Declaration

I declare that all the information given in this form are accurate and true. The College may verify information provided herein from appropriate sources.

Date	<input type="text"/>	Signature	<input type="text"/>
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OFFICE USE ONLY

Received by:	Date:	Form complete: Yes / No	Date Student Informed
Date Faculty notified:		Record amended by:	Letter reference:

